



MONOGRAPH

Nystatin Monograph - Paediatric

Scope (Staff):	Medical, Pharmacy, Nursing
Scope (Area):	All Clinical Areas

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [DISCLAIMER](#)

QUICKLINKS

[Dosage/Dosage Adjustments](#)

[Administration](#)

[Monitoring](#)

DRUG CLASS

Polyene antifungal.⁽¹⁾

INDICATIONS AND RESTRICTIONS

Nystatin is indicated for treatment and prophylaxis for oropharyngeal candidiasis.⁽¹⁾

Oral: Unrestricted (green) antifungal

This is not a restricted agent. Follow standard ChAMP guidelines where appropriate.

CONTRAINDICATIONS

Hypersensitivity to nystatin or any component of the formulation.⁽²⁻⁵⁾

PRECAUTIONS

- Oral nystatin should NOT be used in the treatment of systemic fungal infections as it is not absorbed from the gastrointestinal tract.^(2, 4)
- Topical nystatin is generally not used in the treatment of severe oropharyngeal candidiasis or in immunosuppressed patients. An alternative agent should be considered.^(1, 6)

FORMULATIONS

Listed below are products available at PCH. Other formulations may be available, check with pharmacy if required:

- 100,000 units/mL oral liquid

Imprest location: [Formulary One](#)

DOSAGE & DOSAGE ADJUSTMENTS

Neonates: [Refer to Neonatal Medication Protocols](#) and [ChAMP Antifungal Prophylaxis Guideline](#)

Oral liquid:

Prophylaxis of Oropharyngeal candidiasis:

- **≥4 weeks to 18 years of age:** 100,000 units (1 mL) four times a day.⁽³⁾

Treatment of Oropharyngeal candidiasis:

- **≥4 weeks to 18 years of age:** 100,000 units (1 mL) four times a day. Dose can be increased up to 500,000 units four times a day if severe.^(1, 6)
- Treatment should continue for 7 to 14 days OR 48 hours after clinical resolution.^(2, 3, 7)

Renal impairment:

- No dosage adjustments required in renal impairment.^(3, 5)

Hepatic impairment:

- No dosage adjustments required in hepatic impairment.^(3, 5)

ADMINISTRATION

Oral suspension

- The oral suspension should be shaken well before measuring the required dose and is best given after food or feeds.^(1-3, 7)
- The suspension should be swished around the mouth for as long as comfortable before being swallowed. For younger patients in whom this is not possible, the suspension can be dropped or painted onto the affected areas.^(2, 5)
- Administer half the dose on each side of the mouth and avoid food for 5 to 10 minutes after the dose.⁽³⁾

MONITORING

- Monitor for resolution of symptoms and if appropriate take fungal cultures.⁽⁵⁾

ADVERSE EFFECTS

Common: nausea, vomiting, diarrhoea (more common with higher doses), dyspepsia.^(1, 3)

Rare: Skin reactions, Stevens-Johnson syndrome, hypersensitivity, facial oedema, angioedema.⁽⁸⁾

STORAGE

Nystatin should be stored below 25°C.⁽²⁾

INTERACTIONS

This medication may interact with other medications; consult PCH approved references (e.g. [Clinical Pharmacology](#)), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

Please note: The information contained in this guideline is to assist with the preparation and administration of **nystatin**. Any variations to the doses recommended should be clarified with the prescriber prior to administration

Related CAHS internal policies, procedures and guidelines

[Antimicrobial Stewardship Policy](#)





[ChAMP Empiric Guidelines and Monographs](#)

[KEMH Neonatal Medication Protocols](#)

References

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